

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED AUG 14 1941

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

26049

Do not use this space.

## 1. PLACE OF DEATH

(a) County ST. FRANCOIS  
 (b) Township RANDOLPH  
 or  
 (c) City LEADWOOD

Registration District No. 33Primary Registration District No. 6024BRegistered No. 9(d) Street No. 1

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs.

mos.

ds.

(f) How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## 2. PRINT FULL NAME

(a) Residence, No. Leadwood Mo.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

MALE

## 4. COLOR OR RACE

## 5. SINGLE, MARRIED, WIDOWED, OR

WHITE  
SINGLE5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

SEPT 21 1933

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

## OCCUPATION

8. Trade, profession, or particular kind of  
work done, as sawyer, bookkeeper, etc.9. Industry or business in which work  
was done, as saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)LEADWOODMO. O

## FATHER

## 13. NAME

JEWELL E EDGAR14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)MO. O

## MOTHER

## 15. MAIDEN NAME

REVA BOLLING16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)MO. O17. INFORMANT  
(ADDRESS)JEWELL E EDGAR  
LEADWOOD MO

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. FUNERAL DIRECTOR (NAME)  
(ADDRESS)J. S. Boyer & Son  
LEADWOOD MO

## 20. FILED

8/10

19

41 WE Aubucher

Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 25 1941

22. I HEREBY CERTIFY, That attended deceased from

June 20, 1941, to July 25, 1941I last saw him alive on July 25, 1941 Death is saidto have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

Bacterial  
Endocarditis  
following  
Schallert fever

Date of onset

7/3/41

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

(Licensed Embalmer's Statement on Reverse Side)

1941 7 ~~21-25~~ - 1933

1933. 9-21

7.10 - 4

12  
7

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.